Policy

Programs, through a Program Evaluation Committee (PEC) must document formal, systematic evaluation of the curriculum at least annually. Each program is also responsible for rendering a written Annual Program Evaluation (APE) and Program Improvement Plan (PIP).

Purpose

To provide assurance to our residents, faculty, patients, ACGME, ADA, and other GME stakeholders that the Institution is committed to ongoing performance improvement and quality assessment of the GME programs at The University of Toledo.

Procedure

Program Evaluation Committee (PEC)

1. Must be composed of the Program Director, at least two program faculty and at least one resident. The resident should be peer-selected. PEC’s should not be too large so to preclude operational cohesiveness.

2. Each program will provide the GME office the description of the PEC and committee membership.

3. The PEC has the following responsibilities, and it’s members will actively participate in:
   a. Planning, developing, implementing and evaluating educational activities of the program
   b. Reviewing and making recommendations for revision of competency based curriculum goals and objectives
   c. Addressing areas of non-compliance with ACMGE or ADA standards
   d. Reviewing the program annually, using evaluations of faculty, residents and other items, as outlined below under Annual Program Evaluation.

Annual Program Evaluation (APE)

The PEC must document formal, systematic evaluation of the curriculum at least annually via an APE.
1. The Program must monitor and track each of the following areas:

   a. Resident performance (e.g. aggregate milestone attainment, aggregate ITE scores)
   b. Faculty development
   c. Graduate performance (e.g. board performance, job/fellowship attainment and completion)
   d. Program quality, including:
      i. Most recent ACGME or ADA accreditation letter and status of any citations corrections
      ii. Most recent Self-Study Visit (if applicable)
      iii. Annual confidential written faculty and resident evaluation of the program
      iv. Most recent ACGME or ADA administered survey completed by residents and faculty
      v. Status of faculty and resident scholarly activities
      vi. Progress/status of issues from prior APE/PIP
   e. The PEC must prepare a document (using the template provided by the GME office on an annual basis) outlining the review, including a written program improvement plan (PIP) to document initiatives to improve performance in areas of identified concern/deficiency.
   f. The PIP must indicate how the deficiencies will be measured and interventions monitored for effectiveness.
   g. The PIP should be presented to program faculty and approved by program faculty. This should be documented in program meeting minutes.
   h. Each program’s APE and related PIPs will be reviewed at least annually by the Chair of the GMEC. If a concern is noted, the APE will be presented to the GMEC as part of the ongoing oversight, and the GMEC will determine if a Special Review will need to occur.
   i. Programs without any residents must still conduct an APE and have a PEC. In such cases, there is no resident member.

Programs will be required to submit their Annual Program Evaluation and Program Improvement Plan report to the GME Office.

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<tr>
<th>Approved by:</th>
<th>Policies Superseded by This Policy:</th>
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<tr>
<td>Chairman, Graduate Medical Education Committee</td>
<td>• None</td>
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<tr>
<td>Dean, College of Medicine and Life Sciences</td>
<td>Initial effective date: 4/3/2012</td>
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<td>Graduate Medical Education Committee</td>
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